

RR-W

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – RISK RETENTION COMPANY
Quarterly Period March 31, _____
(Due no Later than May 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (**EVEN WHEN NO TAX IS DUE**) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Mail this RETURN and a CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____ (Name of Company)

Preparer's Signature _____ Name and Title (Print) _____

Telephone No. _____

PLEASE COMPLETE

1. **PREMIUM TAX PAID:** (reverse side, line 13)

RR:

\$

2. Check No.: _____

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ of the above company and the above statement is true and correct to the best of his/her knowledge.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC

-- OVER --

ALABAMA INSURANCE DEPARTMENT

RISK RETENTION BUSINESS

Quarterly Period Ending March 31, _____

(Due no later than May 15, _____)

RR-W

NAIC# _____

TAXABLE PREMIUMS

ACTUAL:THIS QUARTER TAX RATE TAX

3. Property & multi-peril insurance written
in fire protection classes 9 & 10 \$ _____ X 1.0% = \$ _____
4. Mobile home & low value dwelling policies
with a face value of \$40,000 or less \$ _____ X 1.0% = \$ _____
5. All other property \$ _____ X ____% = \$ _____
(maximum rate: 3.6%, see instructions)

6. GROSS PREMIUM TAX DUE - ACTUAL BASIS \$ _____

TAXABLE PREMIUMS

ESTIMATED:PREVIOUS YEAR TAX RATE TAX

7. Property & multi-peril insurance written
in fire protection classes 9 & 10 \$ _____ X 25% X 1.0% = \$ _____
8. Mobile home & low value dwelling policies
with a face value of \$40,000 or less \$ _____ X 25% X 1.0% = \$ _____
9. All other property \$ _____ X 25% X ____% = \$ _____
(maximum rate: 3.6%, see instructions)

10. GROSS TAX DUE - ESTIMATED BASIS \$ _____

11. 25% of deductible expenses paid or estimated to be paid \$ _____

12. LESS: Prior Year Overpayment \$ _____

13. NET PREMIUM TAX DUE (line 6 or line 10 minus lines 11 and 12) \$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 st Quarter	\$ _____	Check No. _____	Date paid _____
	2 nd Quarter	\$ _____	Check No. _____	Date paid _____
	3 rd Quarter	\$ _____	Check No. _____	Date paid _____

RR-W

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – RISK RETENTION BUSINESS
Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (**EVEN IF NO TAX IS DUE**) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Mail this RETURN and a CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____ (Name of Company) _____

Preparer's Signature _____ Name and Title (Print) _____

Telephone No. _____

PLEASE COMPLETE

1. **PREMIUM TAX PAID:** (reverse side, line 13) _____

RR: _____

\$ _____

2. **Check No.:** _____

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

SWORN TO AND SUBSCRIBED before me this _____ **day of** _____, **20**____.

NOTARY PUBLIC

ALABAMA INSURANCE DEPARTMENT
RISK RETENTION BUSINESS

RR-W

Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

NAIC# _____

TAXABLE PREMIUMS

ACTUAL:

THIS QUARTER TAX RATE TAX

3. Property & multi-peril insurance written
in fire protection classes 9 & 10 \$ _____ X 180% X 1.0%=\$ _____
4. Mobile home & low value dwelling policies
with a face value of \$40,000 or less \$ _____ X 180% X 1.0%=\$ _____
5. All other property
(maximum rate: 3.6%, see instructions) \$ _____ X 180% X ____=\$ _____

6. GROSS PREMIUM TAX DUE - ACTUAL BASIS \$ _____

TAXABLE PREMIUMS

ESTIMATED:

PREVIOUS YEAR TAX RATE TAX

7. Property & multi-peril insurance written
in fire protection classes 9 & 10 \$ _____ X 45% X 1.0%=\$ _____
8. Mobile home & low value dwelling policies
with a face value of \$40,000 or less \$ _____ X 45% X 1.0%
=\$ _____
9. All other property
(maximum rate: 3.6%, see instructions) \$ _____ X 45% X ____=\$ _____

10. GROSS TAX DUE - ESTIMATED BASIS \$ _____

11. 25% of deductible expenses paid or estimated to be paid \$ _____

12. LESS: Prior Year Overpayment \$ _____

13. NET PREMIUM TAX DUE (line 6 or line 10 minus lines 11 and 12) \$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 st Quarter	\$ _____	Check No. _____	Date paid _____
	2 nd Quarter	\$ _____	Check No. _____	Date paid _____
	3 rd Quarter	\$ _____	Check No. _____	Date paid _____

RR-W

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – RISK RETENTION BUSINESS
Quarterly Period September 30, _____
(Due no Later than November 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (**EVEN WHEN NO TAX IS DUE**) or failing to pay such estimated taxes on a timely basis shall be subject for a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Mail this RETURN and a CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC No. _____

(Name of Company)

Preparer's Signature

Name and Title (Print)

Telephone No.

PLEASE FILL-IN

1. PREMIUM TAX PAID: (reverse side, line 13)

RR:

\$ _____

2. Check No.: -----

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

SWORN TO AND SUBSCRIBED before me this _____ **day of** _____, **20** _____.

NOTARY PUBLIC

-- OVER --

ALABAMA INSURANCE DEPARTMENT

RR-W

RISK RETENTION BUSINESS

Quarterly Period Ending September 30, _____

(Due no later than November 15, _____)

NAIC NO: _____

TAXABLE PREMIUMS

ACTUAL:THIS QUARTER TAX RATE TAX3. Property & multi-peril insurance written
in fire protection classes 9 & 10

\$ _____ X 1.0% =\$ _____

4. Mobile home & low value dwelling policies
with a face value of \$40,000 or less

\$ _____ X 1.0% = \$ _____

5. All other property
(maximum rate: 3.6%, see instructions)

\$ _____ X ____% =\$ _____

6. GROSS PREMIUM TAX DUE - ACTUAL BASIS

\$ _____

TAXABLE PREMIUMS

ESTIMATED:PREVIOUS YEAR TAX RATE TAX7. Property & multi-peril insurance written
in fire protection classes 9 & 10

\$ _____ X 25% X 1.0% =\$ _____

8. Mobile home & low value dwelling policies
with a face value of \$40,000 or less

\$ _____ X 25% X 1.0% =\$ _____

9. All other property
(maximum rate: 3.6%, see instructions)

\$ _____ X 25% X ____ =\$ _____

10. GROSS TAX DUE - ESTIMATED BASIS

\$ _____

11. 25% of deductible expenses paid or estimated to be paid

\$ _____

12. LESS: Prior Year Overpayment

\$ _____

13. NET PREMIUM TAX DUE (line 6 or line 10 minus lines 11 and 12)

\$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 st Quarter	\$ _____	Check No. _____	Date paid _____
	2 nd Quarter	\$ _____	Check No. _____	Date paid _____
	3 rd Quarter	\$ _____	Check No. _____	Date paid _____

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – RISK RETENTION BUSINESS
for the Year Ending December 31, _____

RR-W

INSTRUCTIONS

PENALTIES: Any Company failing to file its Premium Tax Return (EVEN WHEN NO TAX IS DUE) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

Returns Post Marked by the due date will be accepted. Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include supporting documentation for each credit taken on reverse side. The Alabama Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **We DO NOT have an EFT account at this time.**
- () Mail this Tax Return , the Check and Annual Statement to:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____

Name of Company

Preparer's Signature

Name and Title (Print)

Telephone No _____

PREMIUM TAXES

PREMIUM TAX DUE: (reverse side, line 10)

RR

\$ _____

STATE OF _____, COUNTY OF _____

_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____

President

Day of _____, 20 _____.

Secretary

My commission expires _____

Notary Public

--OVER--

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – RISK RETENTION BUSINESS
for the Year Ending December 31, _____

RR-W

NAIC #: _____

DIVIDENDS & RETURNS

1. ** Property & multi-peril insurance written in fire protection classes 9 and 10.	9N10--	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	X	1.0% = \$ _____
2. ** Mobile homes and low value dwelling policies with a face value of \$40,000 or less.	MHLD--	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	X	1.0% = \$ _____
3. All other business (see instructions for rate)	AOB--	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	X	_____ = \$ _____
4. GROSS PREMIUM TAX DUE:				\$ _____
5. ***DEDUCTIONS:				
a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama		\$ _____		
b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer		\$ _____		
c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot area occupied by the insurer		\$ _____		
	ADV---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____ Total 5a – 5c</div>		
d) All assessments paid during the year to the Alabama Health Insurance Plan (AHIP)	AHIP---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		
e) All examination expenses paid to the Alabama Commissioner of Insurance	EXAM---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		
f) All Alabama franchise taxes paid	FT---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		
g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment	GFA---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		
6. Total Deductions (total of lines 5a – 5g)	Totded---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		
7. NET PREMIUM TAX DUE (line 4 less line 6)		\$ _____		
8. LESS: Quarterly Premium Tax Payments		\$ _____		
9. LESS: Prior Year Overpayment		\$ _____		
10. PREMIUM TAX PAID (line 7 less lines 8 and 9)	RR---	<div style="border: 1px solid black; padding: 2px; text-align: center;">\$ _____</div>		

****Line items 1 and 2 require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.**

***** Lines 5a – 5g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of an EFT payment. The second form of documentation may include a bill, an assessment, or a franchise tax return.**